

IMAC QA Subcommittee

Meeting Minutes

September 26, 2005

Members Present

Jackie Bennett, Racine County; John Haine, DHFS/DHCF/BEM; Marilyn Rudd; DHFS/DHCF/BEM; Vicki Jessup, DHFS/DCHF/BEM; Kathy Judd, Dane County; Donna King, DHFS/DHCF/BEM; Lisa Hanson, DHFS/DCHF/BEM; Brian Fangmeier, DHFS/DHCF/BEM; Pam Lohaus, DHFS/OSF/Southern Region; Mary Moyer, DHFS/DHCF/BEM;

Via Phone Conference

Jacae Coutant, Milwaukee County; Lorie Mueller, LaCrosse County; Jennifer Winter, Managed Health Services; Joanne Ator, Door County.

Members Absent

Bernadette Connolly, DHFS/DHCF/BEM; Chris Elms, Dane County; Marcia Williamson, DHFS/DHCF/BEM

August, 2005 Meeting Minutes

The August minutes were read and approved.

Second Party Review Number for 2006

In prior years, agencies were required to review the equivalent of two FoodShare cases per worker per month. IMAC members expressed concern over the increased workload caused by the addition of two Medicaid-only case reviews for CY 2006.

The charge to this IMAC sub-committee was to develop a review methodology that would balance the local agency workload with the program integrity goals. Our recommendations were as follows:

Agencies will conduct second party reviews on 1% of their combined FoodShare and Medicaid caseload. Of that 1%, 2/3 would be combined FoodShare/Medicaid cases and 1/3 would be Medicaid-only cases. The net of this methodology would be three case reviews per worker per month.

When compared to the previous review requirement, this methodology created only a modest increase in the number of case reviews. However, in Milwaukee County the number of cases to be reviewed increased significantly. Milwaukee County would be required to review 943 cases each month; this translated into approximately four case reviews, 4.7, per worker per month.

Milwaukee County has a number of unique variables:

- Milwaukee is a large agency, that in and of itself brings something new to the table;
- Due to its size, it organizes itself to accommodate access so many staff do not authorize benefits;
- Milwaukee County is not fully staffed at the moment, so there are uncovered caseloads. (Supervisors complete reviews and maintenance for the uncovered caseloads); and
- The Change and Verification Center staffs are not included in the ES numbers although this staff has second party reviews performed on their case actions.

John Haine wanted to get a better handle on what caused this discrepancy. He will discuss this further with other Milwaukee County and central office staff. Prior to our next meeting, he will develop an issue paper and share it with our members.

Vicki Jessup pointed out that the One percent of an agency's combined FS/MA caseload was a compromise. The Department of Health and Family Services (DHFS) projected a 2006 – 2007 MA savings based on two MA-only case reviews per worker per month. Reducing the number of reviews may impact the state's ability to meet the fiscal savings it is required to reach. We are putting ourselves at risk if we further reduce the number of MA-only cases reviewed.

Some proposed second party review alternatives were to:

- Reduce reviews from 1% to .50%;
- Reduce reviews from 1% to .80%;
- Review 1% minus reduced number of staff; or
- Required to review 95% of 1%.

Joan Ator told us that Door County and several agencies within her region have begun discussing pooling resources to meet the second party review requirement.

The IM budget included an additional \$630,000 to help defray the cost of the additional MA-only case reviews. It is important to note that the Workload and Finance subcommittee developed the distribution of those dollars based on the 1% review methodology. If we change the second party review methodology, Workload and Finance may have to re-distribute those dollars.

A discussion regarding what constitutes a second party case review followed. QA subcommittee members agreed that assisting a worker, new worker or experienced, with a case is a valid second party review. Tracking these reviews when they do occur is an issue, but these should be entered into IMQA and be noted as "not in sample".

MA/FS 2nd Party Review status and discussion

On September 15th Vicki Jessup presented the following material to the full IMAC:

In prior years, the state determined that an equivalent of two FoodShare case reviews per worker per month would provide a sufficient number of second party reviews to accomplish our error reduction goals. The proposed addition of two Medicaid-only case reviews per worker per month provides DHFS with a chance to re-examine this practice and gather input from local IM agency staff and managers. A work group has been asked to develop project goals and make recommendations for second party review requirements. The work group discussed the current FoodShare Second Party Review process with the IMAC Quality Assurance Subcommittee and sought their input on ways to most effectively implement the Medicaid second party review process.

Project Goals

1. Increased payment accuracy in IM programs.

It is important to sustain gains made in FoodShare payment accuracy, while incorporating reviews of Medicaid-only cases into the second party review process.

2. Provide agencies with a fixed number of FoodShare and Medicaid cases to be reviewed.

Associating the number of required reviews to "workers" was problematic because the number of workers frequently changes due to retirements, FMLA, etc. It has also been difficult to define "caseload" because of differences in the ways agencies structure their work (specialization, reduced caseloads for supervisors and lead workers, etc.).

3. Develop an effective and efficient process that balances local agency workload with program integrity goals.

Recommendations:

1. Require each agency to conduct second party reviews for 1% of their Food Share and Medicaid caseload. One percent is roughly equivalent to three cases per worker per month.
2. Of the 1% of required second party reviews, 2/3 of the reviews will be for combined Food Share/Medicaid cases and 1/3 of the reviews will be for Medicaid-only cases. In other words, agencies will be required to conduct second party reviews for .333% of their Medicaid only cases, and .666% of their combined Food Share/Medicaid cases.

3. The sampling parameters for FoodShare/Medicaid reviews will not change- the focus will remain on applications and reviews, for cases with household size greater than 2 and allotment amounts of at least \$100.
4. "Medicaid-only" cases will be limited to full benefit cases and the sample will be structured so that it is roughly equivalent to the percentage of case types in the entire Medicaid caseload.
5. DHFS will develop a comprehensive tool in the Income Maintenance Quality Assurance (IMQA) system which can be used to record findings for both FoodShare/Medicaid and Medicaid-only second party reviews.

EXAMPLE - Brown County Second Party Review Requirements

Current Requirement:

Number of IM workers	Monthly number of required FoodShare Second Party Reviews (2 per worker per month)	Monthly number of required Second Party Reviews (2 per worker per month for both Food Share and Medicaid)	Actual number of reviews completed in FFY 2004	Actual number of reviews completed in FFY 2005 (to date)
34	68	136	810	624

Under the recommended proposal:

Medicaid only cases	FoodShare/Medicaid cases	1% of caseload	.333% Medicaid only	.666% FoodShare/Medicaid
6915	4791	117	39	78

Subprogram/Case Type	Approximate percentage of Medicaid only caseload	Number of required reviews
Badger Care	15%	6
AFDC and AFDC-Related	24%	9
EBD (MAPP, SSI-Related, Special status, etc.)	10%	4
Healthy Start	34%	13
Institutional	10%	4
Community Waivers	7%	3
Total	100%	39

The IMAC received the second party information favorably. An Ad Hoc committee, with Lisa Hanson, John Haines, Vicki Jessup, Mary Moyer and Steve Ploeser as members, has recently been formed. Their goal is to streamline the Second Party Review process and develop a combined FoodShare/Medicaid review form.

To date, the workgroup assigned to develop a FS/MA review form and process has created:

- A form available on IMQA;
- The availability of a monthly FS/MA case list;
- IMQA segments that will auto-populating and
- These will be in production in early January 2006.

In FFY '06, there will be greater monitoring of the Second Party Review process. The review completion rates will be forwarded to fiscal staff to assist them in projecting the Medicaid savings. Potentially, a letter will be mailed to agencies not meeting their completion rates.

MA Payment Accuracy update

The PERM project, originally required by CMS for Federal Fiscal Year (FFY) '06, will not be required. The state had requested additional staff to fulfill this federal project; those resources were granted. Since the PERM requirement may be in place in 2007, the state will use these staff to build a baseline for Medicaid. During FFY '06, twenty Medicaid cases will be reviewed for each Agency, large Agencies will have a greater number of cases drawn, statewide. This information will be entered in an ACCESS database for analysis and corrective action.

FS Payment Accuracy update

Wisconsin's error rate through May is 5.1%, factoring in the state refutation letters upheld by FNS. Wisconsin continues to have the lowest error rate in the Midwest. The national error rate is slightly higher. This FoodShare area is going very well. Data analysis does indicate that some medium sized agencies are not doing as well as the large and small.

Next Meeting: October 24, 2005

Note Taker: Kathy Judd

Submitted by: Marilyn Rudd